

Insurance for Students

Instructions for Purchasing Student Insurance

Step 1: Go to www.insuranceforstudents.com/marshall.

- Under SCHOOL YEAR, be sure that the current school year is selected.
- Enter your Date of Birth.
- Select the semester(s) for which you are purchasing insurance.

International College Student (F1/M1) Plan for Marshall University

— Plans & Terms —

M MARSHALL UNIVERSITY

New Marshall University International Student Health Plan through Aetna Student Health for 2020-2021

SCHOOL YEAR

2019-2020 2020-2021

Date Of Birth

SPRING/SUMMER SUMMER

Step 2: Once you complete Step 1, the Enroll button will be active. Click Enroll to begin your transaction.

Marshall University International Student

Effective Date:
Jan 1, 2021

Termination Date:
Aug 14, 2021

\$1,065

Enroll

[Enrollment Form](#)

[Plan Design and Benefit Summary](#)

[Summary of Benefits & Coverage](#)

[Frequently Asked Questions](#)

[Program Tools](#)

- Unlimited Maximum Benefit per covered sickness/injury
- \$100 deductible per policy year for Preferred Providers
- 90% Coverage for Preferred Providers
- \$5,000 Out-of-Pocket Maximum for Preferred providers
- \$15, \$30, \$60 Copayments for Prescriptions
- Aetna Open Choice PPO Network
- Unlimited Evacuation & Repatriation
- Dependent coverage available
- Underwritten by Aetna Life Insurance Company (AETNA)

Marshall University International Student Spring/Summer Rates

Student	
All Ages	\$1,065

Step 3: You will be taken to a page to confirm your plan options. Review the information carefully and check the box beside “I have read these guidelines and wish to enroll.” Click Continue.

International College Student (F1/M1) Plan for Marshall University

— Confirm Plan Options —

Plan Info

Date of Birth 01/01/2000
Plan Marshall University International Student
Term Spring/Summer
Premium \$1,065
Effective Date 01/01/2021
Termination Date 08/14/2021

Before applying, please make sure that:

- You meet the **ELIGIBILITY** definition of the plan —
- The plan suits your health insurance needs —

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy.

By proceeding to the next page, the student understands and acknowledges the following:

1. He/She has carefully read the Program Brochure and elects to enroll as indicated on this enrollment card;
2. He/She agrees to share their insurance enrollment information with their school;
3. Rates are not prorated other than as listed on this enrollment card;
4. He/She meets the eligibility requirements for this coverage as described in the Program Brochure; and
5. If it is later determined that eligibility has not been met, the company's only obligation is to refund premium.
PREMIUM WILL NOT BE REFUNDED EXCEPT FOR INELIGIBILITY OR ENTRANCE INTO THE ARMED FORCES.

I have read these guidelines and wish to enroll.

← Plans & Terms

Continue →

Step 4: The next screen is a Login/ Registration page. If you already have an IFS account, enter your information and log in. If you do not already have an IFS account, enter your information on the right to register for an account.

– Login/Registration –

Student/Scholar Login

If you are a registered user,
please log in now.

Remember Me

[Forgot your username?](#)

[Forgot your password?](#)

Student/Scholar Registration

A USA-based address must be provided below with your Student Profile.

Email & Password

Email Address *

Confirm Email: *

Choose Password: *

✘ Required field

Confirm Password *

Student Profile

Home Country: *

First Name: *

✘ Required field

Middle Initial:

Last Name: *

USA - Address 1: *

USA - Address 2:

USA - City: *

USA - State: *

USA - Zip Code: *

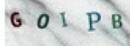
Date of Birth: *

Phone: *

Gender: * Female Male

Student ID: *

[Privacy Policy](#) *

 *

Enter letters to the left

Step 5: Once you have registered or logged in, you will be prompted to enter your billing and payment information. After you complete this section, click Confirm and Pay at the bottom to complete your transaction.

International College Student (F1/M1) Plan for Marshall University

– Confirm & Pay –

Student or Scholar

Name ██████████s
Date of Birth ████████

Student/Scholar Type International College Student on F1 or M1 Visa
School Marshall University
State WV
Plan Marshall University International Student
Term Spring/Summer

Coverage Effective Date Jan 1, 2021
Coverage Termination Date Aug 14, 2021

Premium	\$1,065
Card Processing Fee	\$25
Total Premium	\$1,090

Billing

[Use student account information for billing](#)

First Name **Last Name**

Credit Card Number **Security Code** **Expiration Date**

Billing Country
(The billing address of your credit card)

Billing Address **Billing City**

Billing State **Billing Zip Code**

[← Go Back](#) [Confirm and Pay →](#)

PLEASE NOTE: Once you complete your purchase, the Office of International Student Services will automatically receive a copy of your transaction receipt. Our office will remove your insurance hold once we receive this receipt, usually on the same day. If you purchase insurance after 4:30pm, your hold will be removed as soon as possible the next business day. If you purchase insurance after 4:30pm on a Friday or over the weekend, your hold will be removed as soon as possible on the following Monday.